

CHICK # 8258  
RECEIVED  
JUN 11 2012  
NJ ASB  
IS 7960  
Telephone number

8253  
 11 2012  
 20920  
 Bldg. Age  
 75+  
 08533  
 0394  
 08533  
 Removal  
 Repair  
 Encapsulate  
 Enclosure  
 X  
 X  
 Management  
 PA  
 7-9-12



**State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)**

Date of Notification (1) <b>7/9/2012</b>		Name of Building Owner/Operator (2) <b>PSE&amp;G</b>	
Agencies Notified	Type Notification	Street Address <b>2000 FRANK E. RODGERS BLVD.</b>	
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <b>1</b>	City, State, Zip Code <b>HARRISON, NJ 07029</b>	
<input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact <b>JOHN FILLMAN</b>	Telephone Number

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>PSE&amp;G</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than commercial buildings, homes, etc.) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address <b>410 SILVERLAKE AVE.</b>		Square Feet <b>APPX. 5900</b>	# of Floors <b>2</b>
City (5) <b>EDISON</b>		Current Use (Prior if being demolished) <b>M &amp; R "A" BLDG.</b>	
County (6) <b>MIDDLESEX</b>	County Code (7) (STATE USE ONLY)		

Name of Monitoring Firm Hired by Building Owner (8) <b>ENVIRONMENTAL TACTICS</b>		ASCM No. <b>0045</b>	Name of Abatement Contractor (9) <b>UNIQUE SYSTEMS OF AMERICA INC.</b>
Street Address <b>64 BROAD STREET</b>		Street Address <b>396 WHITEHEAD AVE.</b>	
City, State, Zip Code <b>MATAWAN, NJ 07747</b>		City, State, Zip Code <b>SOUTH RIVER, NJ 08882</b>	
Project Manager for Monitoring Firm <b>TOM GEIGER</b>	Telephone No. <b>732-290-2217</b>	Telephone No. <b>732-432-8350</b>	Lic. No. <b>0111</b>

Start Date (10) <b>6/27/2012</b>	Scheduled Completion Date (11) <b>7/9/2012</b>	Name of OSHA Monitor <b>UNIQUE SYSTEMS OF AMERICA INC.</b>
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address <b>396 WHITEHEAD AVE.</b>
		City, State, Zip Code <b>SOUTH RIVER, NJ. 08882</b>

Scope of Work (Check All That Apply)			
<input type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure	
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-Enclosure	
		<input type="checkbox"/> Glovebag Procedure	
		<input type="checkbox"/> Non-Exempted (*) and Non-Exempted (**) Procedure	

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or L)
	Yes	No	N/A		
TRADERS ROOM, HALL,		X		PIPE INSULATION	310 L
BATHROOM					

Name of Registered Waste Hauler <b>WASTE MANAGEMENT</b>	NJDEP Waste Hauler ID No. <b>1125</b>	Cubic Yards of Waste <b>20</b>	Name of Registered L <b>GROWS</b>
City, State <b>ELIZABETH, NJ</b>		Disposal Date <b>7/10/12</b>	City, State <b>MORRISVILLE, F</b>
Completed by <b>CAROL RAIMO</b>	Title <b>OFFICE MGR.</b>	Signature <i>Carol Raimo</i>	

RECEIVED			
Date <b>7/9/12</b>			
Bldg. Age <b>APX 62 YRS</b>			
Commercial buildings, homes, etc.			
Abatement Type			
Removal	Repair	Encapsulate	Enclosure
X			
Date <b>7/9/12</b>			



**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 6/13/2012		Name of Building Owner/Operator (2) PSE&G												
Agencies Notified	Type Notification	Street Address												
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	2000 FRANK E. RODGERS BLVD												
		City, State, Zip Code HARRISON, NJ 07029												
		Name of Contact JOHN FILLMAN	Telephone Number											
<b>FACILITY INFORMATION</b>														
Name of Facility Where Abatement is Taking Place (3) PSE&G		Type of Facility (4)												
Street Address 410 SILVERLAKE AVE.		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other commercial buildings, homes, etc.) <input checked="" type="checkbox"/> Other (i.e. private & c												
City (5) EDISON		Square Feet APPX. 5900	# of Floors APX 62 YRS											
County (6) MIDDLESEX		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) M & R "A" BLDG.											
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS		ASCM No. 0045	Name of Abatement Contractor (9) UNIQUE SYSTEMS OF AMERICA INC.											
Street Address 64 BROAD STREET		Street Address 396 WHITEHEAD AVE.												
City, State, Zip Code MATAWAN, NJ 07747		City, State, Zip Code SOUTH RIVER, NJ 08882												
Project Manager for Monitoring Firm TOM GEIGER		Telephone No. 732-290-2217	Telephone No. 732-432-8350											
Start Date (10) 6/27/2012	Scheduled Completion Date (11) 7/18/2012		Name of OSHA Monitor UNIQUE SYSTEMS OF AMERICA INC.											
Occupancy Status During Abatement (Check Only One)		Street Address 396 WHITEHEAD AVE.												
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code SOUTH RIVER, NJ. 08882												
Scope of Work (Check All That Apply)														
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and In-Friable Procedure												
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Spec. SF or LF)									
	Yes	No	N/A											
TRADERS ROOM, HALL,		X		PIPE INSULATION	310									
BATHROOM														
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">Abatement Type</th> <th rowspan="2">Removal</th> <th rowspan="2">Repair</th> <th rowspan="2">Encapsulate</th> <th rowspan="2">Enclosure</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>						Abatement Type	Removal	Repair	Encapsulate	Enclosure				
Abatement Type	Removal	Repair	Encapsulate	Enclosure										
Name of Registered Waste Hauler WASTE MANAGEMENT		NJDEP Waste Hauler ID No. 1125	Cubic Yards of Waste 20	Name of Registered Waste Management Firm GROWS										
City, State ELIZABETH, NJ		Disposal Date 7/19/2012	City, State MORRISVILLE, NJ											
Completed by CAROL RAIMO		Title OFFICE MGR.	Signature <i>Carol Raimo</i>		Date 6/13/2012									



OK  
13599

STATE OF NEW JERSEY  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to N.J.A.C. 8:60 AND 12:120)

Date of Notification (1) 7/5/12		Name of Building Owner/Operator (2) Bridgewater-Raritan Regional School District	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Notification Type <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 836 Newmans Lane		City, State, Zip Code Bridgewater, NJ 08807	
Name of Contact Ray Ruth		Tel. Number	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Hillside School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address 844 Browns Rd			
City (5) Bridgewater	County (6) Somerset	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) Briggs Associates		ASCM No. 0004	
Street Address 3 Crosswick Street		Name of Contractor (9) MTM Metro Corporation	
City, State, Zip Code Bordentown, NJ 08505		Street Address 135-137 McBride Ave	
Project Manager for Monitoring Firm Michael Hoodak		Telephone Number 973-742-5030	
Telephone Number 609-298-5520		License Number 00809	
Scheduled Start Date (10) 7/16/2012		Scheduled Completion Date (11) 8/10/2012	
Name of OSHA Monitor MTM Metro Corporation			
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other-Describe: _____		Street Address 135-137 McBride Ave	
		City, State, Zip Code Paterson, NJ 07501	
Source of Work (Check all that apply) <input type="checkbox"/> > 3 sf or > 3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> > 160 sf or > 260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Non-Exempted(*) & Non-Friable Procedure <input type="checkbox"/> Glovebag Procedure			
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES    NO    N/A	Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)
Rooms 109, 115, 207	X	VAT	2,181SF
Cafeteria & Rooms 109, 115, 207	X	Ceiling tile	4,281SF
Name of Reg. Waste Hauler MTM Metro Corporation		NJDEP Waste Hauler ID # 26552	Cubic Yards of Waste 40
City, State Paterson, NJ		Name of R Tullytown	
Completed by (Print or Type) Elizabeth Maslarkov		Title Business Administrator	Signature Elizabeth Maslarkov
		Date 7/5/12	



Abatement Type Rep.    Encap    Enclose		
	X	
	X	
Landfill		
City, State Tullytown, PA		

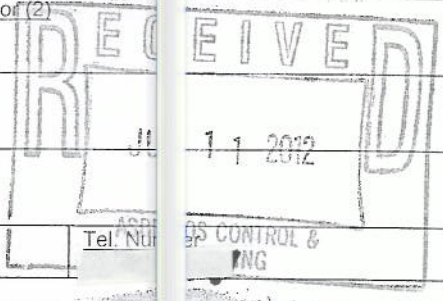
ASB-41

\* Do not use this form for asbestos licensure exempt activities.

520296

**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to N.J.A.C. 7:26-2.12)

<b>Date of Notification (1)</b> 07/09/2012			<b>Name of Building Owner/Operator (2)</b> Exxon-Mobil Technology Corp		
<b>Agencies Notified</b> (X) EPA (X) DOL (X) DOH ( ) DCA		<b>Notification Type</b> (X) Initial Notification ( ) Amended Certification ( ) Cancelled		<b>Street Address</b> 600 Billingsport Road <b>City, State, Zip Code</b> Paulsboro, NJ 08066 <b>Name of Contact</b> Bill Nelson <b>Tel. Number</b>	
<b>FACILITY INFORMATION</b>					
<b>Name of Facility Where Abatement is Taking Place (3)</b> Exxon-Mobil Technology <b>Street Address</b> 600 Billingsport Road <b>City (5)</b> Paulsboro <b>County (6)</b> Gloucester <b>County Code (7)</b> (State Use Only)			<b>Type of Facility (4)</b> ( ) School (K-12) ( ) Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., home etc. <b>Sq. Feet</b> 8,660 <b># of Floors</b> 1 <b>Bldg. Age</b> 88 <b>Current Use (prior if being demolished)</b> R&D, min.		
<b>Name of Monitoring Firm Hired by Bldg. Owner (8)</b> Environmental Management International <b>Street Address</b> 34 East Germantown Pike <b>City, State, Zip Code</b> East Norriton, Pa 19401		<b>ASCM No.</b>		<b>Name of Contractor (9)</b> NCM Demolition and mediation, LP	
<b>Project Manager for Monitoring Firm</b> Ray Giordano		<b>Telephone Number</b> 610-277-0405		<b>Telephone Number</b> 484-480-8931 <b>License Number</b> 01066	
<b>Scheduled Start Date (10)</b> 07/23/12		<b>Scheduled Completion Date (11)</b> 07/27/12		<b>Name of OSHA Monitor</b> EMSL Analytical <b>Street Address</b> 107 Haddon Ave <b>City, State, Zip Code</b> Westmont, NJ 08108	
<b>Occupancy Status During Abatement (Check only one)</b> ( ) Facility Closed/Vacated During Entire Period of Abatement (X) Abatement Performed Outside of Normal Facility Hours -  Describe segregated area, no other trades  Other - Describe - <b>Source of Work (Check all that apply)</b>  ( ) Demolition (X) Renovation (X) Large Proj. >160 SF or >260 LF ACM ( ) JM Proj. (>25<160 SF or >10 <260 LF ACM) ( ) Minor Proj. (<25 SF or <10 LF ACM) (X) Full Containment with Negative Pressure ( ) Mini-Enclosure ( ) Glovebag Procedure					
<b>Location of Asbestos-Containing Material (ACM) in Facility (13)</b>	<b>Is Location Normally Used Solely by Maint./Custodial Staff? (12)</b> YES NO NA	<b>Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)</b>	<b>Amount (Specify SF or LF)</b>		
Control Room	X	VAT	525 SF		
<b>Name of Reg. Waste Hauler</b> Onyx Waste Services <b>City, State</b> Woodbury, NJ		<b>NJDEP Waste Hauler ID #</b> 3175	<b>Cubic Yards of Waste</b> 4 cyds	<b>Name of Reg. Landfill</b> County Solid Waste Auth. <b>City, State</b> Swedesboro, NJ	
<b>Completed by (Print or Type)</b> Mark Griffin		<b>Title</b> Senior Project Manager	<b>Signature</b> <i>Mark Griffin</i>	<b>Date</b> 07/09/12	





Notification of Demolition or Renovation.....(continued)

X. Description of Planned Demolition or Renovation Work and Methods to be Used: Removal of VAT to accommodate renovations.

XI. Description of Engineering Controls and Work Practices to be Used to Control Emissions of Asbestos Demolition or Renovation Site: Regulated work area, negative pressure enclosure, wet material, and double bag.

XII. Waste Transporter#1 Waste Management

Address: 107 Silvia Street

City: Ewing

County: Ewing

State: NJ

Zip: 08628

Contact: Doug Hager

Telephone: 856-207-6988

Waste Transporter#2 Same as #1

Address

City

County

State

Zip

Contact

Telephone

XIII. Waste Disposal Site Gloucester County Solid Waste Complex

EPA Certification Number: 132199

Address: 493 Monroeville Road

City: Swedesboro

County: Gloucester

State: NJ

Zip: 08085

Contact:

Telephone:

XIV. If the Demolition was Ordered by a Government Agency, Please Identify the Agency Below:

Name

Title

Authority

Date of Order (MM/DD/YY)

Date Ordered to Begin (MM/DD/YY)

XV. For Emergency Renovations:

DATE and HOUR of Emergency: (MM/DD/YY)

(HH:MM)

Description of SUDDEN, UNEXPECTED EVENT

Explanation of how the Event caused unsafe conditions, or a serious disruption of industrial operations

XVI. Description of Procedures to Be Followed in the Event that Unexpected Asbestos is Found, or that Previously Non-Fiable Asbestos Material Becomes Crumbled, Pulverized or Reduced to Powder Segregate area, wet materials alert generator

XVII. I Certify that an Individual, Trained in the Provisions of this Regulation (40CFR, Part 61, Subpart M) Will be On-Site During the Demolition or Renovation, and that Evidence that the Required Training has Been Accomplished by this Person will be Available for Inspection During Normal Business Hours (Required one (1) year after promulgation).

Mark Suffice (Signature of Owner/Operator)

7/9/12 (Date)

XVIII. I Certify that the Above Information is Correct

Mark Suffice (Signature of Owner/Operator)

7/9/12 (Date)